

# Life-Assist Account Application

Amount of Credit Requested (Estimated Monthly Purchases) \$

## Account Information

Name of Business: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Transport:  Yes  No  
 Annual Call Volume: \_\_\_\_\_  
 State Sales Tax Exempt:  Yes  No *(If yes, you must provide a copy of your tax exemption certificate to avoid being charged taxes)*  
 Funding Source: \_\_\_\_\_

Number of Ambulances: \_\_\_\_\_

Annual \$ Budget for EMS Supplies: \_\_\_\_\_

## Order Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Authorized Buyers: (name, email, phone)**  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## Accounts Payable Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
**E-Invoicing Included:**  
 Email Addresses for E-invoicing: \_\_\_\_\_  We prefer to receive mailed invoices  
**Net 30:**  Yes  No, Credit Card Only **ACH Payment:**  Yes (Submit your ACH Payment Authorization Form to [accounting@life-assist.com](mailto:accounting@life-assist.com))  No

## For Non-Government Entities

Type of Business: \_\_\_\_\_ Date Business Started: \_\_\_\_\_  
 Select One:  Corporation  Partnership  Non-Profit  Other (please specify) \_\_\_\_\_  
 Name of Owner/President: \_\_\_\_\_ Name of Treasurer/CFO: \_\_\_\_\_

### Bank Information - Required for Net 30 Terms

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ City: \_\_\_\_\_  
 Rep to Contact: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Authorization to release bank information: This is my authorization to release information to Life-Assist, Inc. for the purpose of evaluating our application for credit.  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

*This information is warranted to be true and is given for the purpose of obtaining credit from Life-Assist, Inc. I (we) agree to pay all bills for purchases net 30 days from the date of invoice. Should legal action be instituted to enforce payment of any outstanding balance, I (we) agree to pay all costs of suit and reasonable attorney's fees. This application and agreement and all transactions pursuant hereto are and shall be governed by the Internal Laws of the State of California.*

Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_